HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
 STATE PLAN MATERIAL 	SPA #03-09	Kansas
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	April 1, 2003	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
	CONSIDERED AS NEW PLAN	X AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		h amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	^
42 CFR 440.255(b) (c)		0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	b. FFY 2004 \$ 9. PAGE NUMBER OF THE SUPERS	
8. PAGE NUMBER OF THE FLAN SECTION OR ATTACHMENT.	OR ATTACHMENT (If Applicable)	
Section 3, Page 21a	D.	·. ^ _
Attachment 3.1-A, #24.e.	Section 3, Page 21a	sas (03-09) red: 07/25/03/ ie: 04/01/03
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10. SUBJECT OF AMENDMENT:	- Tylew	ve. 1101100
Medical Services Limitations for Certain Alien Individuals	v	
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11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	X OTHER, AS SPE Janet Schalansky Designee	
12. SIGNATURE OF STATE AGENCY OFFICIAL: //Janet Schalansky – signature//	16. RETURN TO: Janet Schalansky, Secretary	
13. TYPED NAME:	Social & Rehabilitation Services	
Janet Schalansky	Docking State Office Building	
14. TITLE:	915 SW Harrison, Room 651S	
Secretary of Social & Rehabilitation Services	Topeka, KS 66612-2210	
15. DATE SUBMITTED:		
June 26, 2003		
FOR REGIONAL OF	FFICE USE ONLY	X-1
17. DATE RECEIVED:	18. DATE APPROVED:	
06/26/03	July 25, 2003	
, PLAN APPROVED – ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICIAL:
April 1, 2003	//Thomas W. Lenz - signature//	
21. TYPED NAME:	22. TITLE:	
Thomas W. Lenz	ARA for Medicaid and Children's I	Tealth
23. REMARKS:		
	노름은 강상도 그 바쁜데 있으니까?	
왕이 아이는 아이는 아이는 아이는 아이를 되었다.	그렇게 이용하는 일과 기계에 되었다.	
가입니다. 		

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A #24.e

Medical Services Limitations for Certain Alien Individuals

Non-qualified aliens, ineligible aliens meeting state residency requirements and qualified aliens subject to the five year bar until the bar has expired in accordance with P.L. 104-193 who meet other requirements for Medicaid are eligible for the following services:

- (1) Emergency services required after the sudden onset of a medical condition (including labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:
 - (i) Placing the patient's health in serious jeopardy;
 - (ii) Serious impairment to bodily functions; or
 - (iii) Serious dysfunction of any bodily organ or part.

State/Territory: Kansas

Citation 3.1 Amount, Duration, and Scope of Services – (Continued)

1902(a)(10) (E)(iv)(II), 1905(p)(3) (A)(iv)(II), 1905(p)(3) the Act (iv) Other Required Special Groups: Qualifying Individuals – 2

The portion of the amount of increase to the Medicare Part B premium attributable to the Home Health provisions for qualifying Individuals described in 1902(A)(10)(E)(iv) (II) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.

1925 of the Act

(a)(5) Other Required Special Groups: Families
Receiving Extended Medicaid Benefits

Extended Medicaid benefits for families Described in section 1925 of the Act are Provided as indicated in item 3.5 of this plan.

1902(a) and 1903(v) of the Act and Section 401(b)(1)(A) Of P.L. 104-193 (a)(6) Limited Coverage for Certain Aliens

An alien who is not a qualified alien or who is a qualified alien, as defined in section 431(b) of P.L. 104-193, but is not eligible for Medicaid based on alienage status, and who would otherwise qualify for Medicaid is provided Medicaid only for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903(v)(3) of the Act.